

"FEE ADDRESS" INDICATION FORM

Address to:
MS M Correspondence
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INSTRUCTIONS: Only a fee address associated with a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application.

When to check the first box below: If the fee address for the patent and/or application number(s) you indicate is to be established with, or changed to, an existing Customer Number.

When to check the second box below: If a Customer Number representing the fee address has to be established so it can then be associated with the patent and/or application number(s) you indicate.

For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

When to check the second box below: If a Customer Number representing the fee address has to be established so it can then be associated with the patent and/or application number(s) you indicate.

For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

<input checked="" type="checkbox"/> Customer Number:	00204
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<input checked="" type="checkbox"/> Customer Number:	00204
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OR

☐ Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s).

☐ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid for patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/757,750

Completed by (check one):
☐ Applicant/Inventor


 Signature

☐ Applicant/Inventor

<input checked="" type="checkbox"/> Attorney or Agent of record	<u>46,717</u> (Reg. No.)
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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

Assignee recorded at Reel _____ Frame _____

Matthew M. Gaffney

Typed or printed name

(206) 262-8910

Requester's telephone number

June 21, 2006

Date _____

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

X *Total of 1 forms are submitted.